MEMBER
MEDICAL SOCIETY
MAGAZINE GROUP

The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVIII SEPTEMBER, 1962 NO. 7

MRS. JAMES W. S. HARTSHORN, JR.
President, The Woman's Auxiliary
to the H. D. M. S.

Hampden District Medical Society

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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THE HAMPDEN HIPPOCRAT, SEPTEMBER, 1962

EDITORIAL

THE LESSONS WE LEARNED

If and when socialized medicine is ever foisted on our people, its promulgators will most assuredly camouflage it with a name much less sinister or ominous. "Socialism" is a dirty word in this part of the world, and no one is more aware of it than are the politicians. In England they got around it by calling it the "National Health Service". Here they may call it "Medicare" or the "XYZ Bill", or "The Something-for-Nothing Health Plan", — anything at all, but not "Socialized Medicine".

Another thing we can be certain of is that if and when socialized medicine ever is introduced here, it will be done so piece-meal. In other words, a little at a time. The historical pattern of socialized medicine in other countries (except those behind the iron curtain) bears this out. In England, for instance, it began with the National Health Insurance Act. This was followed, in easy stages, by the establishment of free clinics or all-comers, by the nationalization of the hospitals, and finally by the socialization of the physician. In our own country, creeping socialism is even now discernible everywhere. Examples are the ever-expanding facilities for veterans, and of many other governmental health services. The situation was best summed up

NEXT DISTRICT MEETING, SEPTEMBER 25. (See page 15.)

by no less an authority than Mr. Norman Thomas, for many years standard bearer of the Socialist Party of the U.S.A. We quote: "The American people will never knowingly vote for socialism. But under the guise of liberalism they will adopt TVA, Social Security, federal aid to education, public housing, and compulsory health insurance. They will adopt every fragment of the socialist platform until one day America will be socialist without knowing how it came about."

It is because of this that medicine in the U.S. must forever remain on the alert against any and all threats, trivial though they may at first appear. To many people the King-Anderson bill seemed far removed from socialized medicine, but in reality it constituted a serious and immediate danger. It was a political gimmick calling for compulsion and for government control, the two most toxic ingredients of all forms of socialized medicine. Fortunately the A.M.A. detected early enough the menace lurking in all K-A types of legislation, and only recently the House of Delegates reaffirmed its opposition to it on the grounds that "inherent in the use of the social security mechanism are governmental controls of medical practice which would increase with the expansion of the program."

The recent defeat of the K-A bill taught us many lessons, the most important of which is that the American people will not be sledge-hammered into jeopardizing the best medical system in the world, their own. Another important lesson is that whenever the cause is just, battle must be waged even if the odds at first may appear hopeless. The rewards often are as surprising as they are gratifying. As examples, one need but mention the defeat of the Wagner-Murray-Dingle bill, the Forand bill, and now the K-A bill. Similar legislative bills are almost certain to follow. The administration in Washington has made it quite clear that Medicare will be the main political issue in next November's congressional elections. In the battle against the K-A bill Hampden District, by all accounts, played a very important and very effective role. Let us neither hesitate nor falter in the battles ahead of us!

M.

FROM THE EDITOR'S DESK

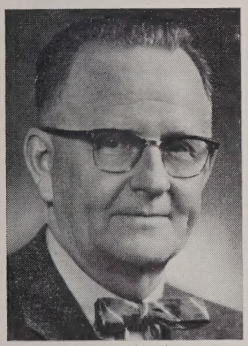
It isn't often that the Hippocrat can boast of two items of unusual merit and interest in one and the same issue, but we believe that *this* is it. First there is Mrs. Hartshorn's message on page 10. Here we find a refreshingly candid and straightforward challenge to all of us by the president of our Auxiliary. By all means read it.

We urge you also to read the second item of distinction, this one appearing on page 20. Although basically a book review it is much more than that. It is a timely expose by Dr. Williams of a number of time-worn notions concerning socialized medicine in foreign lands.

And finally we join President Miller in recommending that you read carefully the proposed amendments to our by-laws (pages 25 and 26). If approved by the Society you may save these pages and attach them to your copy of by-laws for ready reference.

M.

President's Page



The summer has flown and I hope that every member of the Society has enjoyed it as much as I have.

With the passing of summer the furor over the King-Anderson bill and the doctors' boycott in Sasketchewam has also passed. However, these should not be forgotten easily, because they will most surely rise again in one form or another to plague us. The threat of socialized medicine is not dead, it is merely stunned. Therefore, it behooves all of us not only to continue but to even intensify our fight, even if it means entering actively into the political arena.

As a medical Society we are not interested in political parties or personalities. All we are concerned with are issues and principles. The recent K-A experience proved that we had friends in both major political parties. To cope with the situation more efficiently the A.M.A. (AMPAC) and the M.M.S. (BAYPAC) have organized political action committees. These concern themselves primarily with backing specific candidates for election. These committees are very similar to those which labor has employed for a long time to elect candidates sympathetic to their cause. They are well deserving of our support and consideration.

A new M.M.S. committee has been constituted to keep in touch with national legislation and to keep the state and district societies informed about what is going on in Washington. This committee consists of one member from each District. Dr. David Williams has been appointed from Hampden.

Another interesting point that came up during the summer was a letter sent to the administrators of all hospitals in our District by our office asking for their support against the King-Anderson Bill. Replies were received from most of these hospitals but only one supported our stand. The rest straddled the fence or would not commit themselves. We might well carry on an educational program for the benefit of the trustees and administrators of our hospitals.

I would like to remind you that September is a good month for all committees to go into action, and for all members to get into the habit of attending meetings regularly.

I am looking forward to seeing you all at the Shaker Farms Country Club on September 25th. A very important item on the agenda is a consideration of about 10 amendments to the by-laws. These appear elsewhere in this issue of the Hippocrat. Everybody is urged to study them carefully before coming to the meeting.

Ralph T. Miller, M. D.

HOW TO DETECT A QUACK

1. He guarantees a quick cure.
2. He frequently uses a secret formula or machine.
3. He advertises or uses testimonials to promote his business.
4. He says medical men are persecuting him because they are afraid of his competition.
5. He says that surgery and X-rays do more harm than good.

A.M.A.

A DOCTOR HAS SUED A PLAINTIFF'S ATTORNEY for slander — and won $18,500. After beating a suit for malpractice a Southern California physician discovered that the opposing lawyer had made the mistake of talking to a reporter two days before filing the malpractice suit.

14% of the students enrolled in the nation's medical schools leave before graduation. "A reduction of only one drop-out per medical school would be the equivalent of adding an entire medical school to our country's resources". (Dr. D. G. Johnson).

Every man owes a part of his time and his money to the profession in which he is engaged.

—Theodore Roosevelt

NEW ENGLAND
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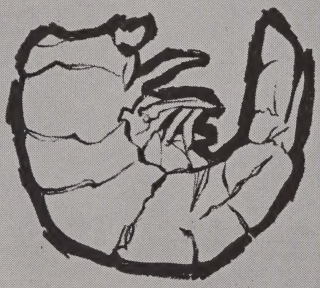
S-833



adds up to more positive results

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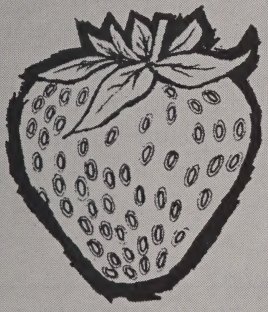

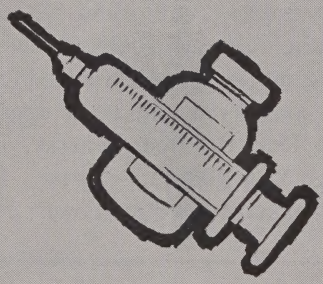

PRE-COUNCIL MEETING

The first pre-council meeting of the season was held on Friday, August 31, at 5 p.m. at Society headquarters under the chairmanship of Executive Councilor Thomas Reilly, M.D. All matters to be considered at the State Executive meeting and subsequently at the October 3rd Council meeting in Boston, were considered and acted upon. In attendance, as pictured above (l. to r.), were: Drs. Palermo, Murray, Johnson, Allan, Millman, Barnes, Reilly (Executive Councilor), Pokorney, Rini, Memery, Miner, O'Malley, and Miller. In attendance but not shown: Dr. Tillman.

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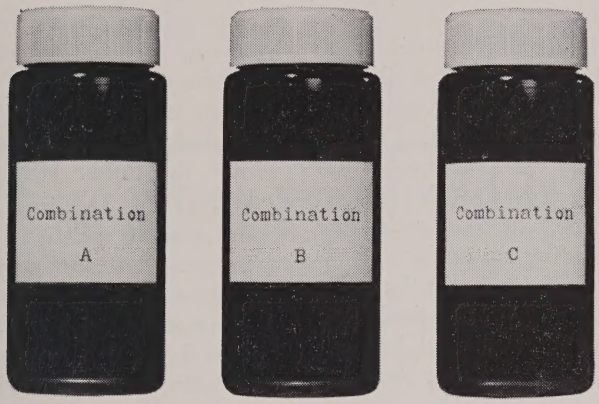
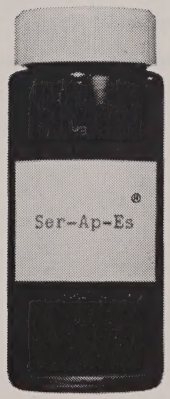


These leading antihypertensive combinations are practically all alike.



This one is different...

because Ser-Ap-Es offers a unique benefit which makes blood pressure control more certain: the central and peripheral antihypertensive actions of Apresoline. By adding Apresoline to the regimens of their patients, Dupler *et al*[1] succeeded in bringing blood pressure down after rauwolfia-diuretic therapy failed. Using Ser-Ap-Es, Hobbs[2] reduced average blood pressure from 175/100 mm. Hg to 148/85 mm. Hg in 74 hypertensive patients. Side effects? Rarely a problem with Ser-Ap-Es because effective dosage is low.

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1. Dupler, D.A., Greenwood, R.J., and Connell, J.T.: J.A.M.A. 174:123 (Sept. 10) 1960.
2. Hobbs, L.F.: To be published. 2/3026MB

CIBA
SUMMIT, N.J.

CORRESPONDENCE

Murder or Suicide

Dear Hippocrat:

The Law-Medicine Research Institute of Boston University will hold the second in a continuing series of Post-Graduate Medico-Legal Conferences on November 2-3, at the Statler-Hilton Hotel in Boston. The subject of the conference will be *Murder and Suicide* and leading authorities from all over the United States in the fields of forensic pathology, criminalistics, forensic psychiatry, law, and law enforcement will address the two-day meeting.

Those attending the conference will receive bibliographical materials on the subjects discussed, as well as a bound volume of the entire proceedings of the conference which will be distributed at a later date. For the two days and all materials, the fee will be $20.

Additional information and copies of the complete program can be obtained from the Law-Medicine Research Institute, *227* Commonwealth Avenue, Boston 16, Massachusetts.

Wm. J. Curran, *Director*

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Flu Time

Dear Hippocrat:

September is the month to begin influenza vaccination for all persons who are most likely to suffer serious consequences from the disease in the predicted widespread outbreaks this winter, the Public Health Service said today.

Influenza is particularly dangerous to pregnant women and persons suffering from chronic ailments, as well as all persons over 45 years of age, Dr. Luther L. Terry, Surgeon General of the Public Health Service, said.

"Long experience shows us that these groups are at the greatest risk of serious illness or death if they are infected with influenza. Recent and past patterns of incidence indicate that many outbreaks of influenza A2 (Asian) will occur in the United States during the 1962-63 season," Dr. Terry pointed out.

Dr. Terry noted that persons who have been vaccinated before will need only one additional dose. But those who have not been vaccinated before should receive two doses two months apart, and the two should be completed before mid-December, the approximate start of the influenza season.

Dr. Terry said that among people with chronic illness, vaccination is especially important for those suffering from cardiovascular, pulmonary, renal, or metabolic disorders; rheumatic heart disease, especially mitral stenosis; arteriosclerotic heart disease; hypertension; cardiac insufficiency; asthma; bronchitis; bronchiectasis; pulmonary fibrosis; pulmonary emphysema; pulmonary tuberculosis; diabetes mellitus; and Addison's disease.

U.S. Dept. Public Health

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1. Lehan, P. H., Yates, J. L., Brasher, C. A., Larsh, H. W., and Furcolow, M. L.: Diseases of Chest *32*:597, 1957.
2. Newcomer, V. D., Sternberg, T. H., Wright, E. T., and Reisner, R. M.: J. Chronic Diseases *9*:353, 1959.

Mysteclin-F contains Squibb Phosphate-Potentiated Tetracycline (Sumycin), plus Amphotericin B (Fungizone). Available as: Mysteclin-F Capsules (250 mg./50 mg.); Mysteclin-F Half Strength Capsules (125 mg./25 mg.); NEW Mysteclin-F Syrup (125 mg./25 mg. per 5 cc.); Mysteclin-F for Syrup (125 mg./25 mg. per 5 cc.); Mysteclin-F for Aqueous Drops (100 mg./20 mg. per cc.). For full information, see your Squibb Product Reference or Product Brief.

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WHAT IS YOUR PLEASURE, DOCTOR?

by
Mrs. James W. S. Hartshorn, Jr., President
The Woman's Auxiliary to the Hampden District Medical Society

Many thanks for allowing me the courtesy of your pages. I would like to begin by paying tribute to my immediate predecessor. Catherine D'Avanzo is one of the nicest persons with whom I have ever worked. She did an excellent job for the Auxiliary, and by so doing, she did an excellent job for you. If one may borrow a phrase from Madison Avenue, she projected a most favorable image of the doctor's wife and, by inference, of the doctor himself.

I have become quite concerned about the doctor's image of late, largely because I have spent most of my time with people other than doctors. I was very pleased when Mrs. Pace, our program chairman, suggested that our first meeting of the year be a talk on that subject by someone outside the profession, Mr. Sidney Shapiro. I hope that Mr. Shapiro will have some favorable things to say, but my own researches among college students, professors and laymen have convinced me that the opposite may be the case. The doctor's image has become tarnished. The picture of the kindly family doctor has been replaced often by the image of a cold, grasping specialist with an adding machine for a brain and ice water in his circulatory system. If you were up to 4:00 a.m. supervising a ward case; if you rose early to make your lecture to the nurses; or if you have indulged in any of the numerous volunteer activities you pile on top of your busy day, you may think that I am exaggerating. Assuredly, I am not. No layman knows you do all these things.

The King-Anderson bill, which will be back, in one form or another, next January, is really a reflection of the general misunderstanding which exists in the public mind regarding the nature of the modern practice of medicine. People are healthier than they ever were, but little connection is made between this statistic and the fact that better-trained, more knowledgeable doctors in every branch of medicine have made this statistic a reality.

Last year, while taking a course in public policy, I went with the class to Washington to interview cabinet officers and congressional leaders. Secretary Ribicoff quite emphatically stated with regard to the King-Anderson bill that, "180,000 doctors are not going to frustrate the wishes of 180 million Americans". Senators and representatives quite publicly supported or opposed the bill according to their own individual philosophies.

But the most interesting reaction was that of the students themselves. I had a quantity of A.M.A. material which I gave to the students who

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Ernest A. Byron
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were studying this aspect of Kennedy's policy. Their response to the A.M.A. material was one of vast amusement. Frankly, I think that much of the A. M.A. material is overly melodramatic, and because of this much of its impact is lost, but the point to note is this: these students who were exceedingly bright, missed completely the fact that there was a valid defense to be made for the private practice of medicine, and that some serious questions are to be asked regarding socialized medicine, not the least of which was its excessive cost. Indeed, in the past four years I have talked to a great many college students and have made a point to ask them what they thought of socialized medicine. *I have yet to meet one who is not in favor of it.* Admittedly, a private inquiry by one individual in a limited area is in no way indicative of a natural trend but it is indicative, perhaps that in Hampden County, at least, either the doctor's message is not getting across, or if it is getting across it is not believed.

Doctors have become so busy both running their practices and trying to keep up with the latest advances in medicine that they have become somewhat remote. The articles which the Hampden District Medical Society inserted in the papers last year were an excellent venture in the field of public education, but I wish that a few subjects not covered could be explored. Take the subject of house calls. People do not understand why doctors often ask patients to come to the office. They think that doctors don't make house calls because they are too lazy. A thorough exploration of this subject would do much to re-assure the patient that the best medical practice often requires an office visit. Or take the subject of fees. An article using the Blue Shield or some other insurance schedule as a guide would be most helpful, and surely someone could point out that the physician often charges no more for a house call than a TV repairman, or that a life-saving operation often costs less than a washing machine? And should not the public be reminded that the Hampden District Medical Society has a grievance committee which wants to know if a patient has been overcharged so that it can do all it can to rectify matters?

Thoughts such as these occur to me as I assume the obligations of my office. For the Woman's Auxiliary is the creature of the Hampden District Medical Society and we are here to help you in whatever capacity we can. When you tell us that there is a shortage of nurses, we go out and raise money for nursing scholarships so that more nurses may be trained. When you ask us to study the King-Anderson bill and write to our Congressmen, we are glad to do it. If you should look out on the filthy rivers of Hampden County and cry, "These are a health menace and ought to be cleaned up," wouldn't we love to help!

We have women who can write, women who can raise funds for good causes, women who can speak, women who love to give teas, and women who would be a wonderful help in the field of public relations. And all of us are here to help you so that Hampden County residents may receive the best possible medical care. But the initiative belongs to you.

What is your pleasure, doctor, for the year 1962-1963?

Attend Next District Meeting
(see page 15)

AUXILIARY

Program

1962 - 1963

Tuesday, October 16, 1962 — 1 P.M.

Luncheon Meeting
Federal Hill Club, Agawam
"The Image the Doctor Presents to the Public"
Sidney Shapiro
Development Administrator of Springfield
Redevelopment Authority
Chairman: Mrs. Arnold Blake
Co-Chairman: Mrs. Richard Paul

Saturday, November 3, 1962

Dinner Dance
Tenth Annual White Cap Ball
Crestview Country Club, Agawam
Chairman: Mrs. Emmanuel Wiedman
Auxiliary's Only Fund Raising Project
Health Career Scholarships

Tuesday Afternoon, December 4, 1962

Christmas Tea
Home of Mrs. B. A. Galuszka
134 Newbury Street, Chicopee
Chairman: Mrs. Thomas F. Ferriter

Tuesday, March 5, 1963 — 1:15 P.M.

Art Show
(Husbands and Members Hampden District Medical Auxiliary)
Lecture: Mr. Robbinson,
Director Museum of Fine Arts
Chairman: Mrs. A. A. Palermo
Co-Chairman:
Mrs. William W. Walthall, Jr.

Tuesday, April 30, 1963

Annual Luncheon Meeting
Longmeadow Country Club
Longmeadow, Massachusetts
Installation of Officers
Chairman: Mrs. Stanley R. Dixon

IN MEMORIAM

DOLOR I. BEAUPRE

Dr. Dolor I. Beaupre of Holyoke died at the Holyoke Soldiers Home, Holyoke, on September 3, 1962.

Born in Springfield, Mass., on October 10, 1886, Dr. Beaupre was educated in the schools there and received his medical training at Laval University, Montreal, Canada, graduating in 1912.

After interning at the Hotel Dieu Hospital in Montreal, Canada, Dr. Beaupre came to Holyoke in 1913, where he has been in the private practice of medicine ever since. He was a staff member of the Holyoke Hospital and the Providence Hospital, Holyoke.

Dr. Beaupre was a member of the American Medical Association, the Mass. Medical Society, and the Hampden District Medical Society. He served in the U.S. Army during World War I.

Deepest sympathy is extended to the surviving members of his family and to his many friends and associates.

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Each Pulvule contains Pyronil® (pyrrobutamine, Lilly), 15 mg.; Histadyl® (methapyrilene hydrochloride, Lilly), 25 mg.; and Clopane® Hydrochloride (cyclopentamine hydrochloride, Lilly), 12.5 mg. Each pediatric Pulvule or 5-cc. teaspoonful of the suspension contains half of the above quantities. This is a reminder advertisement. For adequate information for use, please consult manufacturer's literature. Eli Lilly and Company, Indianapolis 6, Indiana. 258016

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PHYSICIAN SUPPLY AND THE TALENT POOL: A NATIONAL PROBLEM

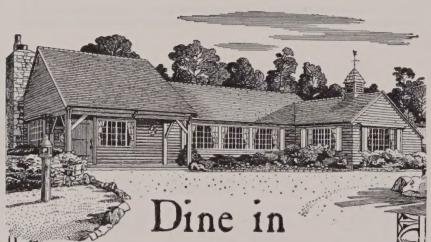
A century ago when a talented young man wished to undertake a profession, he had three major choices: medicine, law or theology. Today the number of choices has increased more than a hundredfold. The socio-cultural, economic, scientific and other reasons for the changing patterns of career choices among the nation's talented youth have been discussed by dozens of experts. Wolfle, for example, noted that in 1861-1880 28% of all college graduates entered the practice of medicine. By 1951-55 this figure had shrunk to 2%. Whatever the reasons used to explain this change, the fact of the change cannot be denied.

Ass'n of Am. Med. Colleges

REMOVAL OF OFFICES

Dr. Bruce B. Stoler announces the removal of his office to 335 Elm Street, West Springfield. Diagnostic Radiology.

Dr. Bernard Gotlib announces the removal of his office to 111 Maple Street, Springfield. Oto-rhino-laryngology.



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NEXT HAMPDEN DISTRICT MEETING

TIME: Tuesday, September 25
Social Hour 6 p.m.
Dinner (Courtesy of Society)
7 p.m.

PLACE: Shaker Farms Country Club
Westfield, Mass.

AGENDA: Amendments to By-laws
Committee Reports and other
organizational and
socio-economic matters

Your Presence Is Urgently Requested

Ray T. Smith,
Secretary

COMING EVENTS

HAMPDEN DISTRICT EXECUTIVE COMMITTEE MEETINGS,
SEPTEMBER 18 and OCTOBER 16

HAMPDEN DISTRICT MEETING, SEPTEMBER 25

COUNCIL MEETING OF THE M.M.S., OCTOBER 3, BOSTON

SPRINGFIELD ACADEMY OF MEDICINE, OCTOBER 9

AMERICAN CANCER SOCIETY, OCTOBER 22-23, 1962, NEW YORK, N. Y.

AMERICAN HEART ASSOCIATION, OCTOBER 26-30, CLEVELAND, OHIO

CENSORS MEETING, DECEMBER 6
A.M.A., CLINICAL MEETING, LOS ANGELES, NOV. 25-28

AMERICAN COLLEGE OF SURGEONS, CLINICAL CONGRESS,
ATLANTIC CITY, OCT. 15-19

THIRTY-SEVENTH CLINICAL CONGRESS, NEW HAVEN, SEPT. 28, 1962

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STATE MEDICAL ASSISTANTS TO MEET IN SPRINGFIELD

The Massachusetts Association of Medical Assistants will hold its Third Annual Convention at the Sheraton-Kimball Hotel on October 5, 6, and 7, 1962.

Welcome will be extended by Dr. Ralph T. Miller, President of H.D.M.S. Representing the M.M.S. will be President-elect Dr. Allen Johnson who will also be the main speaker at the banquet on October 6th. P-R Councilor Dr. Harry N. Memery will speak on the "Medical Assistant's Role in Public Relations". Clinical subjects covered at the convention will include Narcotics, Alcoholism, Parent-Child Relationship & Delinquency, Weight Control, Retinal Detachment, Physical Fitness, etc. A complete program may be obtained by writing to: Miss Alice Degman, 777 Tyler Street, Pittsfield, Mass.

H.D.A.M.A. INSTALLS

At a dinner meeting held on September 11 at the Willow Glen, East Longmeadow, the Hampden District Association of Medical Assistants installed the following officers:

President: Mrs. Anita Hill
President-elect: Mrs. Sarah Kennedy
Vice President: Miss Marion Malone
Treasurer: Miss Barbara Turner
Recording Secretary: Miss Evelyn Niec
Corresponding Secretary: Miss Shirley Dickinson

The Association's plans for 1962-63 include an educational course in "Laboratory Techniques" and also in "First Aid Office Emergencies".

This organization is the only one of its kind to receive the support and approval of the District Medical Society. Physicians are urged to encourage their medical assistants to apply for membership in the H.D.A.M.A.

MASSACHUSETTS CHAPTER, AMERICAN ACADEMY OF GENERAL PRACTICE

The annual meeting of the Massachusetts Chapter of the American Academy of General Practice will be held at the Statler Hilton Hotel, Boston, on September 22 and 23.

Further information may be obtained from William T. Maloney, Executive Secretary, 6 Beacon Street, Boston 8, Mass.

PLEA TO AN M.D.

The doctor is a worthy gent;
His patients claim he's heaven-sent.
The man is knowing, erudite;
But, Holy Cats, he just can't write.
The surgeon's hands are deft and skilled;
The surgeon's head is know-how filled.
Yet, why, since he's so doggone bright,
Cannot the surgeon learn to write?

Dear sons of old Hippocrates,
Pray hear a troubled nurse's pleas.
Remember that the gals in white
Have got to read the stuff you write.
Your physicals and histories,
Like Dead Sea Scrolls, are mysteries;
Your order sheets make nurses squint;
So please, dear sirs, write right-or print!

—Worcester Medical News

EXECUTIVE COMMITTEE

At its June 19 meeting the Executive Committee designated and approved the following:

1. Dr. Richard J. Maher, Associate Editor of the Board of Editors.
2. Dr. Joseph B. Greenspan, Assistant Secretary and Business Manager of Board of Editors, replacing Dr. Maher.
3. Dr. Joseph M. Baker, Alternate to Public Relations Councilor.
4. Dr. Theodore R. Miner, Alternate to Legislative Councilor.
5. Dr. Harry N. Memery, member of Executive Committee, to complete the unexpired term of the late Dr. Pfeifer.
6. Dr. Martin B. Murray, Councilor, to complete the unexpired term of Dr. Allen S. Johnson, who as president-elect of the M.M.S., will henceforth serve as Councilor ex-officio permanently.
7. Dr. David W. Williams, to Committee on National Legislation.
8. Dr. John P. Sullivan, to Advisory Committee to the Hampden District Association of Medical Assistants.

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MEDICAL READER
"FINANCING MEDICAL CARE"
An Appraisal of Foreign Programs *

Compulsory medical care is *not* the wave of the future. It is, in actual fact, a sorry backwash out of the past. The welfare state is by no means inevitable. Socialistic government in general is passe, and the U. S. is most fortunate to have had the good sense to avoid it. The varied experiences of other nations in matters of medical care indicate clearly that the best example for us is offered by Australia.

Such historic perspective runs all through this compact reference book. It sketches in readable fashion the historical development and current status of the various health systems in seven foreign democracies. The fifteen authors are highly qualified economists, professors of medicine, actuaries, and statesmen, each describing an aspect of the health care system in his own country. Perhaps the most distinguished contributor is Sir Earl Page, former Prime Minister of Australia, himself a physician, and the chief architect of Australia's present health care system.

This book is crammed with pertinent and current information for American readers at this time in our history. It brings out, for instance, the grievous disenchantment with compulsory health insurance in Germany and Austria, the two countries with the longest experience with it — going back to 1870. Those two countries are so bogged down in their own expensive bureaucratic mess that they can manage only stop gap remedies. On the other hand, Sweden, with the *youngest* compulsory health insurance system (only seven years old) is also in deep trouble. "Today, taxes at various levels of government drain off 34% of the net national product." It was sheer folly for a country with superb health and prosperity, in which 70% of the people already carried voluntary insurance, to submit to a compulsory health system.

"Sweden is one welfare state where the mask of benevolence and generosity has already worn thin in relatively few years. People in Sweden are beginning to ask whether the welfare state is not

* Helmut Schoeck, Editor, 305 pp., Caxton Printers, Caldwell, Idaho, 1962

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merely a nonsensical merry-go-round of income redistribution; a complicated and costly bureaucracy, busy taking money from the very people who receive it back in all kinds of state subsidies."

New Zealand further exemplifies the welfare state at its peak. Its taxes are the highest in the world. "It can go nowhere except dismantle itself gradually to a reasonable level."

Thus, the apprehension of the U.S. medical profession over the danger of starting on government control of health matters is amply justified by historical evidence. "Health insurance legislation soon acquires immunity from any thought of repeal."

Finland and Switzerland, both highly civilized and industrialized, have resisted compulsory government medicine for many generations, since 1830, in fact!

The editor, an expert medical sociologist, distinguishes clearly between the obligation of citizens to carry insurance (viz. automobile insurance laws) and the compulsion to be blanketed by taxes to support a government health plan. The first is a legislated obligation to go and choose some genuine insurance, the second is health taxation, not insurance.

It is entirely possible to get universal participation but with freedom to choose one's own insurance scheme, which itself is kept efficient and economical by competition with other health insurance schemes.

Australia exemplifies this well. After World War II a Labor Party government openly avowed its intent to abolish the private practice of medicine. In 1948 it enacted a program of government medicine with physicians paid by salary. The medical profession under the leadership of the British Medical Association in Australia refused to cooperate, rendering it a total failure. The High Court of Australia "ruled for the medical profession against "civil conscription".

So in 1949 the medical profession participated vigorously in the national election. The Labor Government was put out of office, largely on this issue.

This new government of Robert Menzies is now, in 1962, starting its thirteenth year in office — the longest in the history of Australia. The Minister of Health put in by Menzies was Sir Earl Page, a physician, devoted public servant, and former Prime Minister. Largely through his tact and wisdom the government, the physicians, and the public now cooperate enthusiastically in a successful government health program.

This program is simple. The government has made it financially well worth while for private insurance companies competing with each other to expand their health insurance offerings. Small government subsidies paid to the companies stand back of the premium cost to the poorest income groups. Thus the patient pays his own health bills in full, but is reimbursed about 2/3 costs by his insurance company. This company, in turn, may be

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reimbursed to some degree by the government if the patient had been paying minimum premiums for coverage. In this way insurance costs are kept within reach of all, the government stepping in to help on the marginal policies.

The overhead for this program is almost nil — the government's paper work is done in Canberra by only 15-20 people. The great bulk of the work is done by the competing insurance companies each with its own subscribers.

Australia's system was set up by full cooperation among its state governments, the doctors, the druggists, and the insurance companies. Bringing the professions into active partnership in running the program has fostered economy, efficiency, and avoidance of abuses. The government is sympathetic with the insurance companies because it has been convinced, after Britain's, Germany's and Austria's sad examples, of the importance of the voluntary principle.

The great success of Australia's system depended upon (1) convincing the government of the importance to the community of self help (to avoid uncontrollable skyrocketing of costs), (2) planning a system which could stand up to criticism, and (3) a system which dealt with the really burdensome aspects of medical care for the citizen.

Australia has skillfully used its voluntary prepayment insurance companies as the vehicle for medical benefits where needed. The system avoids direct third party intervention, the patient chooses his own doctor or hospital, he buys health insurance, he pays his bills with insurance help. The deductible feature prevents abuses, and competition between the insurance companies avoids bureaucratic excesses, all at no significant cost to the government.

Fortunately, we can learn from the ample and varied experience of other countries how to evolve a superior health care system for the United States. Numerous other countries have blundered into appalling, tragic, irretrievable quagmires, but not all by any means.

This current and lucid book should and will become a standard reference on the subject of financing health care.

Williams

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—Gelvin, E.P.; Kenigsberg, S., and Boyd, L.J.: J.A.M.A. *170*:1507 (July 25) 1959.

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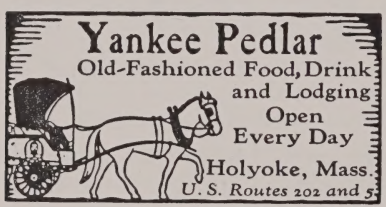
Prescribing information adopted January, 1961.

ACADEMY

At the October 9 meeting of the Springfield Academy of Medicine the speaker will be Dr. Henry N. Wagner, Jr., Assistant Professor of Medicine, Division of Nuclear Medicine at Johns Hopkins Hospital. His topic will be "The Current Status of Nuclear Medicine". The clinical conference will be held at the Wesson Hospital.

At the November 13 meeting of the Springfield Academy of Medicine the speaker will be Dr. Harry Solomon, Professor Emeritus of Medicine, Harvard. His topic will be "Modernizing Care of the Mentally Ill". The clinical conference will be held at the Mercy Hospital.



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Mercy-Springfield Hospitals Golf Tournament

The 28th annual Mercy-Springfield Hospitals Dinner and golf Tournament was held at the Longmeadow Country Club on Wednesday, June 20, 1962. The Mercy Hospital won the coveted cup. The following were the individual winners:

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Low Gross: Dr. Ambrose J. Connelly
Low Net: Dr. Salvatore Sannella

Nearest the pin on #16—
Dr. Fred M. H. Ziter

Low score on par 3's—
Dr. Harry L. Roberts

GOLF HISTORY IN THE MAKING

For the first time in golf's history the medical staffs of all the hospitals in the District area will participate in a golf tournament. This will take place on Wednesday, September 19 at the Shaker Farms Country Club. Dinner will follow.

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REPORT OF COMMITTEE ON BY-LAWS

The Committee on By-Laws recommends the adoption of the several amendments proposed below.

The adoption of some of these amendments is mandatory, since our own by-laws must never be in conflict with those of the Massachusetts Medical Society.

Italicized words, phrases, or sentences indicate proposed changes.

Max Millman, M.D., Chairman

CHAPTER III (Membership)

Section 4 *Senior membership shall be conferred upon Senior Fellows of the Massachusetts Medical Society provided they are 65 years or older, provided their assessments have been paid or remitted in full, and provided they have been dues-paying members for at least five years.* Senior members shall be in good standing. They may attend and address meetings of the Society and serve on committees. They shall have the right to vote and hold office. They are not required to pay dues and are not subject to assessment. *Application for senior fellowship shall be addressed to the Executive Committee of the Council and sent to the Treasurer of the Massachusetts Medical Society, 22 The Fenway, Boston 15, Massachusetts.*

Section 6 *Members shall not be required to pay further dues during a period of active service in the United States Army, Navy, Marine Corps or Air Force. This does not apply to fellows going into active military service during the first year of membership in the Society.*

CHAPTER IV (Meetings)

Section 4 Attendance *of all orientation and indoctrination programs and of* at least fifty (50) per cent of the District meetings is mandatory during each of the first two years of membership in the District Society.

CHAPTER V (Election of Officers)

Section 3 Only Councilors shall be eligible as Supervising Censor and as members of the State Committees on Public Relations and on Legislation. Only Councilors who have held this office for at least one year shall be eligible as members of and alternates to the Committee on Nominations.

Members of the Committee on Nominations shall not serve for more than five consecutive years and shall not be eligible for re-election for three years. Alternates to the Committee on Nominations shall not serve for more than five consecutive years as alternates, but may then be eligible to become members of the Committee.

Only Fellows who have been members of the State Society for at least ten years shall be eligible as Censors or Supervising Censor. The term of Supervising Censor shall be five years. All Supervising Censors shall have been Censors previously.

CHAPTER VI (Duties of Officers)

Section 1 The President shall preside at all meetings of the District Society and of the Executive and Grievance Committees. He may, at his discretion, call a meeting of the Society or of any of its committees. He shall name the members of all committees except as otherwise specified, and shall, with the approval of the Executive Committee, *make ad interim appointments to fill all vacancies in offices or committees*

unless otherwise provided in the by-laws of the Society or of the Massachusetts Medical Society.

He shall be a member of the Board of Membership, and a member ex-officio of all committees, except that on nominations. He shall be, ex-officio, a Councilor and a Vice-President of the Massachusetts Medical Society. He shall upon retiring from office serve as a member of the Executive and Grievance Committees for a term of one year. (III,6)

CHAPTER VII (Committees)

Section 1 (Executive Committee)

(e) It shall be the function of this Committee to advise the President, and to excercise all the powers of this Society except such as by these by-laws or by those of the State Society are to be exercised *by the President or* the membership.

(f) It shall elect immediately after each annual meeting 1. A Board of Editors for the Hampden Hippocrat, for their willingness to serve and preferably in accordance with their geographic and hospital distributions; (2) an alternate to the Public Relations Councilor, and (3) an alternate to the Legislative Councilor, and (4) *an Assistant Secretary, upon request of the Secretary.*

Section 3 (Board of Membership)

(c) *It shall conduct annually orientation and indoctrination programs for all new members of the Society.*

Section 6 (Legislative Committee)

(b) It shall consider all legislative matters referred to it *by the district society or* by the Committee on Legislation of the Massachusetts Medical Society, and shall be auxiliary to and under the direction of that Committee.

Section 11 (By-Laws Committee)

This committee shall consist of a chairman, the Secretary, the Assistant Secretary, and at least two other members of the society.

CHAPTER VIII (Amendments)

Section 1 These by-laws may be amended by a two-thirds majority of those present and voting at any stated meeting of the District Society, provided the proposed amendment or amendments shall have *been submitted previously in writing to the Society; shall have been referred to the by-laws committee; and shall have been published by this committee* in the Hampden Hippocrat before the call of the meeting. Publication of such proposals in the issue of the Hampden Hippocrat just preceding the stated meeting at which the amendment or amendments are to be *considered* shall constitute written notcie.

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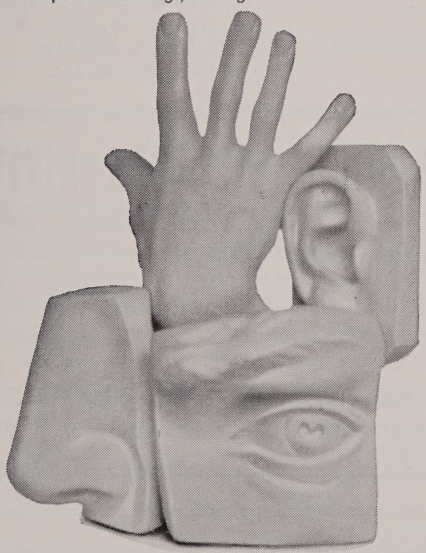

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The opinions expressed in The Hippocrat do not necessarily represent the official viewpoint of the Hampden District Medical Society.

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